



## Greenwood County Parks & Recreation Department

### 2010 Youth Basketball

#### Registration Form

**DEADLINE TO REGISTER IS NOVEMBER 5<sup>TH</sup>!!!**

#### Player(s) Information

Full Name (as listed on birth certificate): \_\_\_\_\_ Activity: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: (M or F) \_\_\_\_ School District: Gwd. \_\_\_\_ "96" \_\_\_\_ W.S. \_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ email address: \_\_\_\_\_

Alternate email address: \_\_\_\_\_

Medications: \_\_\_\_\_ For (condition) \_\_\_\_\_

#### Parent Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

#### Waiver

The undersigned Parent or Guardian hereby freely and knowingly waives and releases Greenwood County and its agents, employees, sponsors and organizers from any and every liability and responsibility whatsoever for personal injury, property damage or other loss sustained by the above named child as a result of or arising out of the child's participation in any activity conducted by the Greenwood County Parks & Recreation Department. We assume all risks and hazards incidental to the conduct of the activity.

I/We the Parent or Guardian grant permission to Managing and/or Coaching Personnel or other League Officials to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in activities sponsored by the Greenwood County Parks & Recreation Dept. when neither Parent/Guardian is available to grant authorization. Greenwood County Parks & Recreation Dept. does not provide Accident/Medical insurance for the participants of its activities.

Signature of Parent/Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

#### FOR OFFICE USE ONLY!

Notes: \_\_\_\_\_ DIVISION/AGE: \_\_\_\_\_

TEAM: \_\_\_\_\_ COACH: \_\_\_\_\_ REGISTRATION TAKEN BY: \_\_\_\_\_

REGISTRATION FEE PAID - CASH: \$ \_\_\_\_\_ CHECK: # \_\_\_\_\_ CREDIT CARD: \_\_\_\_\_

Please visit our web site @ [www.co.greenwood.sc.us/parks.aspx](http://www.co.greenwood.sc.us/parks.aspx)